



INDIANA FIRST STEPS EARLY INTERVENTION SYSTEM FAMILY INTERVIEW

State Form 51313 (R / 3-05) / BCD 0090



Name of child	Date of birth (<i>month, day, year</i>)
Child and family First Steps ID number	
County of residence	
Name of Service Coordinator	Telephone number ()

A goal of First Steps is to help families to:

- **work with the First Steps team to support their child's development;**
- **know their rights and be strong advocates for their child and family;**
- **keep their child and other family members safe and healthy; and**
- **connect to other families and community associations in times of emotional need.**

The questions in Section 1 will help to identify what knowledge, skills, and resources the family might need.

Another important goal of First Steps is for **children to participate and be fully included in everyday activities, settings, and routines in the home and community**. Federal and state law requires early intervention services to be provided in *natural environments*, those everyday activities, settings, and routines. The questions in Section 2 provide a summary of the child's participation in home and community settings, and where early intervention services can take place. The answers may indicate where services may logically take place.

To meet these goals, we need to complete the following interview. This family interview will assist First Steps in identifying the knowledge, skills, and resources the family has or might need.

This information will be gathered by the Service Coordinator before the IFSP meeting. As a family interview, it is optional and voluntary on the part of the family - it is to be completed and shared only with the family's consent. **This information is confidential.** It will not be shared with any other program. The information from this interview can assist the IFSP Team to identify needed services.

☐ **We have completed this Family Interview with our Service Coordinator.**

Signature of parent or caregiver	Date (<i>month, day, year</i>)
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☐ **We have discussed the Family Interview with our Service Coordinator and have decided not to complete it.**

Signature of parent or caregiver	Date (<i>month, day, year</i>)
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Name of child	ID #
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SECTION 1: THE FAMILY			
1. Improving my child's learning and development	YES	NO	CHECK IF YOU WANT TO LEARN MORE
1.1. I am comfortable knowing how to support my child's learning and development in the following areas:	<input type="checkbox"/>	<input type="checkbox"/>	
a. COMMUNICATION skills - to understand others, to express his or her own thoughts, and to carry on simple conversations.			<input type="checkbox"/>
b. COGNITIVE skills - to gain new knowledge, to solve problems.			<input type="checkbox"/>
c. GROSS MOTOR skills - to sit up, move around, and to play physical games.			<input type="checkbox"/>
d. FINE MOTOR skills - to reach, grasp, and play with toys and objects.			<input type="checkbox"/>
e. SOCIAL/EMOTIONAL skills - to develop positive social relationships.			<input type="checkbox"/>
f. ADAPTIVE skills - to feed, dress, bathe, and toilet self.			<input type="checkbox"/>
1.2. I understand my child's special needs and how they affect his or her development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3. I know what toys and books are good for my child's age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4. I know how to handle temper tantrums or other behaviors that upset me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5. I know how to toilet train my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6. I know how to play and talk with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7. I know how to help my child develop good sleeping habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8. I know how to provide opportunities for my child to play with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9. Other things I would like to learn to improve my child's development. <i>(please list)</i>			<input type="checkbox"/>

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State Form 51313 (R / 3-05) / BCD 0090



Name of child	ID #
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SECTION 1: THE FAMILY (<i>continued</i>)		
2. Supporting my child's health, safety, and nutrition	YES	NO
2.1. My child sees a doctor regularly for checkups or when he or she is sick.	<input type="checkbox"/>	<input type="checkbox"/>
2.2. I know when my child needs his or her immunizations (<i>shots</i>).	<input type="checkbox"/>	<input type="checkbox"/>
2.3. My child is all caught up on his or her immunizations (<i>shots</i>).	<input type="checkbox"/>	<input type="checkbox"/>
2.4. My family has adequate health insurance coverage.	<input type="checkbox"/>	<input type="checkbox"/>
2.5. I know what to feed my child so that he or she has well-balanced meals.	<input type="checkbox"/>	<input type="checkbox"/>
2.6. My child eats well and has a balanced diet.	<input type="checkbox"/>	<input type="checkbox"/>
2.7. I would like the number for local resources to learn more about:		
a. safe sleep (<i>reducing the risk of Sudden Infant Death Syndrome</i>)	<input type="checkbox"/>	<input type="checkbox"/>
b. using a car seat in the back seat of our car	<input type="checkbox"/>	<input type="checkbox"/>
c. the possible health and developmental risks of second-hand smoke for infants and young children	<input type="checkbox"/>	<input type="checkbox"/>
d. having plastic outlet plugs in all electrical outlets	<input type="checkbox"/>	<input type="checkbox"/>
e. having working smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>
f. having our medicines and poisons out of reach of our child/children	<input type="checkbox"/>	<input type="checkbox"/>
g. keeping guns in places our child/children cannot reach	<input type="checkbox"/>	<input type="checkbox"/>
h. having our home checked for lead paint	<input type="checkbox"/>	<input type="checkbox"/>
Optional comments: (<i>e.g., possible assistance, timelines</i>)		

3. Knowing what I can do as a member of the First Steps Team	YES	NO	CHECK IF YOU WANT TO LEARN MORE
3.1. I know about and understand the purpose of the evaluation and ongoing assessment of my child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2. I know that I can share information about my child and family as part of the assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3. I did share information about my child and family as part of the last assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4. I know about and understand the purpose of the Individualized Family Service Plan, and about the meetings to develop them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5. I know that I can share what I think are important outcomes and services for the IFSP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6. I know that I can agree or disagree with the recommendations made by other members of the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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---------------	------

SECTION 1: THE FAMILY (<i>continued</i>)			
4. Knowing my rights and how to be a strong advocate for my child and family	YES	NO	CHECK IF YOU WANT TO LEARN MORE
4.1. Prior to my referral to First Steps I knew about and understood my rights, including my right to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. an evaluation			<input type="checkbox"/>
b. a coordinated plan of early intervention services			<input type="checkbox"/>
c. consent to services			<input type="checkbox"/>
d. prior notice for any changes in services			<input type="checkbox"/>
e. privacy (<i>information is shared only with my permission</i>)			<input type="checkbox"/>
f. review my child and family's early intervention records			<input type="checkbox"/>
g. participate in all team activities			<input type="checkbox"/>
h. understand (<i>to receive information in my native language</i>)			<input type="checkbox"/>
i. an advocate			<input type="checkbox"/>
j. disagree with the recommendations of my child's IFSP team			<input type="checkbox"/>
4.2. Prior to my referral to First Steps I knew about ways I could advocate for my child and family, including			
a. sharing my concerns, needs, and priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. choosing the services and providers I feel we need	<input type="checkbox"/>	<input type="checkbox"/>	
c. adding, changing, or stopping services or providers	<input type="checkbox"/>	<input type="checkbox"/>	
d. refusing permission for services or activities	<input type="checkbox"/>	<input type="checkbox"/>	
4.3. If I disagree with my service providers, I know how to work together with them to find a solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional comments: (<i>e.g., possible assistance, timelines</i>)			

5. Connecting with other families, associations, and community organizations for information and support	YES	NO	CHECK IF YOU WANT TO LEARN MORE
5.1. I have information and resources to meet my family's:			
a. transportation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. housing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. job needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. education needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2. When I need information or emotional support, I know I can contact:			
a. friends or other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. other families with children who have special needs	<input type="checkbox"/>	<input type="checkbox"/>	
c. family support groups and associations	<input type="checkbox"/>	<input type="checkbox"/>	
d. formal community agencies	<input type="checkbox"/>	<input type="checkbox"/>	
5.3. In the past 3 months, I have connected with other families or community supports for information and emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional comments: (<i>e.g., possible assistance, timelines</i>)			

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---------------	------

SECTION 2: NATURAL SETTINGS/ENVIRONMENTS (*child, home, and community*)

6. The following people care for my child and are important in my child's life:	YES	NO	CHECK IF YOU WANT THIS PERSON INVOLVED IN YOUR CHILD'S PROGRAM
6.1. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2. Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3. Step parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4. Foster parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5. Grandparent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.6. Brother(s) or sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.7. Aunt(s)/uncle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.8. Other primary caregiver(s) (<i>please list</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.9. Childcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.10. Other child care provider (<i>please list</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional comments: (*e.g., possible assistance, timelines*)

7. My child is able to complete the following routines successfully and independently: <input type="checkbox"/> Not applicable child currently in NICU	YES, WITHOUT HELP	YES, BUT WITH HELP	NO NOT AT ALL	CHECK IF FIRST STEPS CAN HELP
7.1. Getting up in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2. Dressing and undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3. Meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4. Inside play times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5. Outside play times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.6. Getting along with siblings and peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.7. Participating in family games and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.8. Nap times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9. Toileting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.10. Getting ready to go/leaving home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.11. Going to bed in the evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.12. Other (<i>please list other home routines</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional comments: (*e.g., possible assistance, timelines*)

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Name of child	ID #
---------------	------

SECTION 2: NATURAL SETTINGS/ENVIRONMENTS (*child, home, and community*) (continued)

8. In the past 2 weeks, my child has participated in the following community settings: <input type="checkbox"/> Not applicable child currently in NICU	WE DON'T DO THIS	YES	WE HAVE A HARD TIME DOING THIS	CHECK IF FIRST STEPS CAN HELP
8.1. Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2. Shopping, but not for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3. Visiting relatives, friends, or neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4. Going out to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5. Attending church/temple/religious services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6. Toddler play groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7. Family day care home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.8. Child care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.9. Child care center for children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.10. Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.11. Community activities with other children (<i>e.g., library, YMCA</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.12. Mother's day out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.13. Go with family member to a community event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.14. Other (<i>please list other community settings</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional comments: (*e.g., possible assistance, timelines*)

9. In the past month, I have had the following experiences with child care and other community programs for my child: <input type="checkbox"/> Not applicable child currently in NICU	NOT APPLICABLE	YES	NO	CHECK IF FIRST STEPS CAN HELP
9.1. Child care program has welcomed and included my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2. Child care program provides safe and healthy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3. Child care program meets my child's individual needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4. Community activities and programs for young children (<i>e.g., YMCA, library reading programs, swimming</i>) have welcomed and included my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5. Community activities and programs for young children have appropriately involved my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional comments: (*e.g., possible assistance, timelines*)